

72  
3/03

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70395	
O.I.P.E. CLASSIFIER		59	621
FORMALITY REVIEW		62390	8/2/00
RESPONSE FORMALITY REVIEW	LA	62390	10-5-00

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral).... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	N
2	N
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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